

ART. III.—*A Report of Cases treated in the Second Surgical Department of the New York Hospital, during the six months ending July 1, 1841, under the direction of JOHN WATSON, M.D., Attending Surgeon. By THOMAS M. MARKOE, M.D., House Surgeon.*

THE second surgical division of the New York Hospital embraces about sixty beds, and is mostly appropriated to seamen. Into one of the wards, however, are also received the lower class of patients from the city, particularly night cases. The average number under treatment through the year is perhaps a little over fifty.

I propose in the following pages to give a brief account of some of the most interesting cases which have occurred in our wards during the past six months, and in particular, some very severe cases of *erysipelas*.

This disease, during the winter and early part of the spring, prevailed in the hospital to an unusual extent, attacking patients in almost every ward, not by any means confining itself to surgical cases, or such as were affected with wounds or open sores. The disease was most extensive in the latter part of the winter, and before the warmer weather of spring allowed free and constant ventilation. About the same time the typhus fever broke out quite suddenly on the medical side of the house, attacking some fifteen or twenty patients and nurses, and in several instances proving fatal. As soon as it was discovered that these diseases were originating in the house, the patients, as far as possible, were removed, the house thrown open and stop thoroughly cleansed and whitewashed. This proceeding put a complete stop to the spread of the fever, and the *erysipelas* was very much checked by it.

The cases of *erysipelas* of sufficient severity to require active treatment, amounted to thirty-nine. Of these there were of patients brought in with the disease, sixteen; and of cases originating in the house, twenty-three. Both in the cases brought in, and in those originating in the house, the affection showed a remarkable preference for the face and head, thus:—There were, of the head or face, twenty-one cases; of upper extremities, seven cases; of lower extremities, nine cases; of scrotum, two cases. In several of the cases in which the disease affected the head, other parts of the body were also attacked; thus, there was one case in which the head and arm, and another in which the head and leg were simultaneously attacked. In almost every case in which the disease affected the extremities, it appeared first in the neighbourhood of some ulcer, wound, or contusion, while, on the other hand, of all the cases occurring in the head or face, there was but a single one in which a slight cut seemed to be the exciting cause, and one other in which there existed on the head an eruption attended with small ulcerations.

The great majority of the cases occurring on the extremities proved mild

and easily managed, involving more or less extensively the integuments of the affected limb, attended with moderate constitutional disturbance, and running their course in five days. A few were more severe, the inflammation taking on a phlegmonous character, with general symptoms of great severity. These cases were early treated with deep and free incisions; and in no case has sloughing occurred to any great extent after the patients were admitted to the house. It has often been remarked that when erysipelas attacks the neighbourhood of old, indolent ulcers, which have long resisted treatment, it sometimes proves a most effectual cure, and that as soon as the disease subsides the ulcer rapidly cicatrizes. Of this fact we have had many remarkable examples. One patient, whose whole leg was covered with large ulcers of a very unhealthy appearance, and of two years standing, had been in the house about a month when he was attacked with this disease in the sore leg. During the time he had been in the house under local and constitutional treatment, his ulcers had slowly improved, but most of them were still open. The attack of erysipelas proved pretty severe, but about the eighth or tenth day, when the swelling had begun to subside, the ulcers were found firmly cicatrized, and did not reappear. Another patient had suffered for many months with an eruption on his head, at first of a pustular character, degenerating into small but deep ulcerations, which had resisted every method of treatment. He was attacked with erysipelas in the head and face, and as it passed off, the numerous ulcers were perfectly healed. Besides these, we have had numerous other instances of the same kind, and we generally look upon erysipelas rather as a friend than an enemy to callous and indolent sores.

The most interesting of our cases, as well as the most numerous and dangerous, have been those affecting the face and head; not on account of any greater severity of inflammation, or its local consequences, but on account of the cerebral complication so commonly attending them. The disease has usually shown itself after a chill, generally a marked and protracted rigor, followed by high fever, pains in the limbs, great uneasiness and sense of oppression at the præcordial region, and restlessness, particularly at night. Indeed, from a very early period of the attack, we have found it necessary to watch our patients very closely through the night, for though they might appear rational and quiet during the day, yet at night they would become exceedingly restless, getting up and wandering about the house if not prevented from doing so. With these symptoms the tongue has been always furred with a deep yellow coat, becoming thicker as the disease advances, and the bowels constipated. In the course of from twenty-four to forty-eight hours from the period of the attack, redness and swelling appeared, attended with a tingling, burning pain in the inflamed part. This generally appeared first on the nose, spreading rapidly to the eyelids and over the whole face; the eyelids became tightly closed from infiltration of their loose cellular textures; the nose became distorted, and the whole

face, in some instances, so completely disfigured, that one would scarcely recognize the human physiognomy. In this early stage the pulse was full, quick, and frequent, and the skin hot and obstinately dry. It has been said by some that the skin in erysipelas, when the disease is on the advance, is always dry, and that the main indication in the treatment is to restore the cutaneous perspiration. The skin is indeed generally dry, but to show that suppressed perspiration is not an essential feature of the disease, we had one case in which the weather being warm, the patient perspired freely throughout the whole course of the disease, which was of more than usual severity. This state of things generally continued for three or four days, and then the inflammation began to subside, the skin became moist, the tongue cleaner, and the patient was in a short time convalescent. If, however, the case was one of severity, a low stupid delirium gradually set in, in which, although the patient would answer questions when spoken to loudly, yet he was with difficulty roused, and soon relapsed into an uneasy sleep. The cerebral symptoms in some of these cases very closely resembled those attending moderate compression of the brain. The great swelling of the eyelids prevented a satisfactory examination of the pupils; but the partial stupor, the wandering of ideas when roused, and the relapse into stupor when left to themselves, are just the symptoms which we find in patients who have received an injury of the head producing pressure on the brain, and before profound coma is established; the pulse now began to lose in force and gain in frequency, the skin generally remaining parched, but more often moist in this than in the first stage. The fur on the tongue became first dry, then brownish in the middle, sordes began to collect on the lips and gums, the respiration generally hurried, and in short the patient fell into a state exactly resembling one in the advanced stages of typhoid fever. There was much difference as to the time when these symptoms showed themselves, sometimes as early as the third or fourth day, and sometimes not until much later, sometimes coming on very rapidly, and sometimes in the most gradual manner. In every case the inflammation has begun to subside on the fifth to the eighth day, leaving the face for the scalp, and sometimes running down upon the body. Indeed the entire subsidence of the inflammation has not by any means been a sign of the commencing improvement of the patient; on the contrary, some of our patients passed their most critical period some time after all inflammatory appearances had begun to subside. In one very severe case, as the inflammation left the face it ran up over the scalp attended with very great swelling, and terminating in the rapid formation of an immense abscess undermining nearly half the scalp, and discharging daily a pint of pus. Small abscesses in the eyelids occurred in several cases.

The first symptom of improvement was generally the tongue becoming moist and clean at its edges. The pulse gained in force and diminished in frequency, the intellect became brighter, and the patient would have inter-

vals of quiet and refreshing sleep. When convalescence was once established it generally went on very rapidly, the appetite and strength returning, and the patient soon gaining all he had lost in the course of his disease. In one or two of the cases, however, and those not the most severe, after the first attack had entirely passed away, the patients were subject to frequent relapses of slight inflammation from the most trifling causes. In one case in particular, the patient recovered readily from a moderately severe attack of the disease, but at five different times in the next month he had a return of the redness and swelling about his eyes, which would sometimes pass off in a day or two, but sometimes continued, in a slight degree, for a week or more. Even in the intervals of these attacks, the integuments of the cheeks and eyelids did not perfectly regain their natural appearance and feelings. This was accompanied with a pale flabby tongue, loss of appetite, constipated bowels, and general debility. He was put upon a full tonic course, and as soon as he was able, was directed to go into the country.

The *treatment* of this disease has been at different times as much varied by prevailing theories as any in the nosological catalogue. Without entering into its history in former days, we may say that there are at the present time two principal methods of treatment in use which differ essentially from one another. All surgeons acknowledge this to be what is called a constitutional disorder, but some, although they make this acknowledgment, nevertheless direct their principal attention to the inflamed skin itself, and there attempt to combat and subdue the disease. Some endeavour to accomplish this by local depletion, with cups and leeches and superficial scarifications; some by local stimulation with blisters, astringents, and escharotics; and Baron Larrey even went so far as to treat the disease in its phlegmonous form with light touches of his favourite remedy, the red hot iron. Another class of surgeons, viewing the disease an affection of the whole system, are guided in their treatment by this view, and while they content themselves with mere palliatives to the external inflammation, their first care and attention are given to the state of the general system, standing ready, if necessary, to assist and support it through the struggle.

Looking upon the inflamed skin as merely the external manifestation of a constitutional disorder of a specific character, we have been guided in our treatment by much the same general principles as those which are now universally received in respect to the specific contagious diseases, smallpox, scarlatina, &c. Our first care has been to remove all irritating causes which might aggravate the disease or unfit the patient to bear its progress. The deeply furred tongue and constipated bowels showed that the stomach and intestines were seriously at fault. In almost every case, therefore, we have begun with a brisk emeto-cathartic, usually ipecac. and antimony, combined with a few grains of calomel. After the full operation of such a dose, we have generally found the patients express much relief from their previous restless and uneasy feelings, while the act of vomiting was in itself beneficial

by inducing profuse perspiration. If after this the excitement ran high, we used some mild depressing remedy in order to moderate it. A very common prescription was a tablespoonful of spirits of mindereri, containing one-eighth or one-sixteenth of a grain of antimony every two hours. Frequently nothing was used but the effervescing draught. If during the inflammatory period of the disease the brain seemed to suffer particularly, a cupping from the temples was found of service, though we rarely had occasion to resort to it. With regard to the local treatment we have generally used a warm opiated wash kept constantly on the part, or the same cold, if the patient preferred it. At the commencement of the inflammation superficial scarifications with a lancet were frequently resorted to with apparent advantage. The nitrate of silver in substance was occasionally used to circumscribe the erratic form. These simple remedies were all that were required in a great proportion of cases; but there were a large number which seemed to call for much more active and decided measures. Every now and then a case would occur, as mentioned above, in which the powers of nature seemed to give way under the violence of disease, the pulse would begin to flag, the strength to fail, and the patient give signs of great prostration. At the earliest approach of this condition of things we have thought it necessary to commence with stimulants and tonics, increasing them as the case required, and sometimes administering them with the greatest freedom. Under this view, as soon as the pulse began to flag, and particularly if the tongue became dry and brown, we have commenced with the camphor emulsion, a tablespoonful every two hours. If the patient continued to sink we have not hesitated, without regard to the inflammation of the skin, to make free use of the more powerful stimulants, as wine whey, wine or brandy, to the extent that seemed indicated, taking care to administer at the same time a sufficient quantity of simple nourishment. Wine whey, wine or brandy, milk punch, eggnog, we have generally preferred as combining both stimulus and nourishment in the same preparation. When the brain gave evidence of great oppression or congestion, either with violent delirium or profound coma, purging, stimulating enemata, and counter-irritation applied directly to the scalp, were resorted to. In these cases the aq. ammon. fortissima was found a very valuable vesicatory. A piece of lint wet with this preparation applied to the scalp, and covered with oil silk to confine the fumes of the gas, will produce a perfect blister in from three to five minutes, and perhaps the suddenness of its operation should give it a preference over the more slow cantharides. By following these general principles of treatment we have had the good fortune to see all our cases of erysipelas of the head recover. As the pulse and tongue improved, the stimulants were gradually diminished, and stronger nourishment substituted as the appetite returned. The following cases were selected from the most severe that occurred, and will suffice to illustrate the above remark.

CASE I. John Picket, ætat. 21, native of New York, seaman, was received into our wards from the medical side, February 17, 1841, with erysipelas of the face. He had been admitted to the house only a few days before on account of a slight inflammation of fauces. Erysipelas appeared on his face on the 15th, and he was transferred to our care as a surgical case. At this period the disease occupied his whole face, which was enormously swollen and distorted. He was already disposed to coma, and when roused, his answers were quite wandering; at times he was extremely restless and uneasy, throwing himself about the bed and trying to get out of it; his tongue was deeply furred, dry in the middle, skin hot and dry, and pulse frequent, but rather below the natural standard of force; his bowels had been fully opened by a dose of calomel administered the day before in the medical ward. The warm infusion of opium, which he had been using as a wash, was continued, some arrow root with a little wine in it was given him warm in the evening; pulv. Doveri grs. x, to procure sleep and induce perspiration.

*Feb. 18th.* He has passed a very restless night, constantly delirious and without sleep. He appears this morning somewhat brighter, answers questions more readily; he complains much of his throat, which is inflamed and much obstructed by mucus, so that it is difficult to get him to swallow anything. He was given a weak solution of yeast and honey, to which was added a little wine, a tablespoonful to be given whenever he would take it. In the afternoon he again became more delirious and restless, pulse more feeble, and tongue dry and brown. As prostration was evidently increasing, a little brandy toddy was administered through the night, and Dover's powder, in grs. v doses was given until he took grs. xx, but without any calming effect.

*19th.* Is much worse, constantly delirious and trying to get out of bed; the inflammation of the face is evidently subsiding, but the tongue has become dry and black, the lips and gums covered with sordes, and the breath exceedingly offensive; the pulse is quick and extremely feeble; extremities cold, and he cannot be sufficiently roused to swallow anything. His feet were immediately put in hot mustard water up to the knees; sinapisms were applied to the thighs; a blister to the back of the neck, and a stimulating enema given; by these means he was sufficiently recovered to get down by degrees a glassful of warm brandy toddy, soon after taking which, natural warmth returned to the extremities, and he became more quiet; the brandy was pushed through the night, together with a free allowance of warm gruel, flavoured with wine, which he took readily and seemed to like.

*20th.* No improvement, and but little change; the night was very restless and sleepless; the inflammation of the face is subsiding, but all his other bad symptoms persist; the pulse is more feeble than yesterday, occasionally intermittent, and at times so small and rapid as scarcely to be distinguished; he is perfectly insensible to ordinary sounds, but still when shaken and spoken to loudly, he will take his drink; sordes has increased about the mouth, but he will not show his tongue. Mustard to feet and legs, and toddy changed for milk punch, and given ad libitum.

*21st.* Still lies in the same condition; pulse a mere thread; it is becoming more and more difficult to arouse his attention. The brain seeming to bear the whole force of the disease, the scalp was shaved, and disregarding the erysipelatous affection which had crept over this part, the skin was blistered over a space six or seven inches square with the strong aq. ammoniæ; after

this he was given a large stimulating enema, the operation of which brought away a great quantity of fecal matter. Immediately after the operation of the enema he fell asleep and slept quietly for half an hour; on waking he would answer questions more readily, and seemed partially to have regained his senses; the rest of the day and night were passed more quietly than any since he came into our ward. Stimulants continued.

22d. There is a marked improvement in his condition this morning; he seems quite to have regained his senses; his pulse is stronger, and the tongue, though still black, is moist at the edges, and the sordes clearing away from his teeth. A small fluctuating spot over the right parietal bone was punctured and a tablespoonful of pus discharged; stimulants continued in less quantity, and some arrow root given at regular intervals.

24th. Does not appear so well; is quite wandering, and pulse fallen in force; the abscess over the right temple has much increased in size, and the opening having closed, the matter has again accumulated. A free counter opening was made and kept open with a tent. The bowels are free. Stimulants increased.

27th. Still lies in a half stupid state, though more rational than on the 24th; the abscess under the scalp has increased enormously, occupying nearly one-half the whole surface of the head, and discharging daily more than a pint of pus; the pulse continues extremely small and feeble, and he seems in danger of sinking under the immense discharge from his head. The opening was enlarged, the matter evacuated, and the head dressed twice a day with a compress and bandage; he was given strong beef tea at regular intervals; brandy punch continued.

March 2. His improvement has been very satisfactory within the last few days; by keeping the abscess well evacuated, and the walls of the cavity in close contact by a tight bandage, it has diminished more than one-half; the pulse has improved; tongue moist and cleaning off; he is quite rational, and expresses a desire and relish for food.

10th. His right eye, which has all along been closed by the swelling, on being partially opened to-day, was found to have suffered from a severe attack of inflammation; the conjunctiva still much inflamed, and nearly one half of the cornea covered by a superficial ulcer. Cupped from temples, the eye washed frequently with warm milk and water, and acetat. of lead wash to reduce the swelling of the lids.

13th. Very great swelling has taken place round the eye, and an abscess formed in the lower eyelid, which was opened; otherwise he is doing extremely well, sitting up, eating with appetite, and sleeping well at night; the abscess on the head has entirely closed up; when the swelling of the lid allowed the eye again to be opened, the ulcer was found again to have penetrated the cornea, and prolapsus of the iris to have taken place. He remained in the house under treatment for his eye for some time, and was discharged perfectly well, with the exception of the impairment of vision in the right eye, April 25, 1841.

CASE II. Niel Clausen, ætat. 30, native of Denmark, seaman, was admitted April 8, 1841, with a bubo in the left groin, following a chancre, which he had had a month before. He was under treatment for this disease, and doing very well, when he was suddenly taken with a sense of chilliness, followed by fever with headache, nausea, and furred tongue, and two days after, on the morning of the 29th, erysipelas showed itself on the left ear, and on the side of the nose. He had passed a very restless and feverish

night, and the constitutional symptoms ran very high; skin hot and dry; pulse 124 in a minute, with a good deal of restlessness and uneasiness about the epigastrium. He was given an emeto-cathartic of antim., ipecac. and calomel, which operated well both upwards and downwards; he was ordered to take a tablespoonful of *sps. minder.* every two hours, and a warm infusion of opium to the face.

*April 30.* Night, exceedingly restless, but without delirium; the erysipelas has spread over the whole face, which is excessively swollen; tongue dry in the middle; pulse about as frequent as yesterday, and more feeble.

*May 1.* In the morning he expressed himself so much better that we hoped convalescence was about to take place; in the after part of the day, however, he became much worse, with wandering delirium, great restlessness and heat of skin, the tongue becoming quite dry, and the pulse now feeble. He was given a tablespoonful of camphor emulsion every two hours through the night.

*2d.* There was again a slight improvement in the morning, but as the day advanced he fell into a half stupid state, answering when spoken to loudly, but taking very little notice of what was going on. Tongue deeply furred, dry in the middle, and pulse extremely feeble. The bowels are open. Camphor mixture continued, with wine whey every two hours.

*3d.* Continues in the same state, the inflammation of the face beginning to subside. The dry fur on the tongue has become a black crust. Wine whey in larger quantities. Infus. serpentaria as a drink, which he seems to like.

*4th.* Passed a more quiet night; seems brighter this morning. Tongue moist at edges, and pulse less frequent and fuller. Swelling of face much diminished. Treatment continued.

*5th.* Very marked improvement in all his symptoms. From this date his improvement was steady. He had so far recovered as to be able to walk about his ward, when, in the morning of the 16th we found him worse than ever. He had been perfectly delirious all the night before, and still continued so. His pulse had become thready and very frequent, tongue dry and with difficulty protruded. The left arm was perfectly paralyzed, both as to sensation and motion; he moved the left leg rarely and with difficulty. Pupils natural, no pain in the head. He was given a large dose of pulv. purgans, followed by an enema, and a blister was applied to the back of his neck.

*17th.* Since the operation of the medicine there has been no active delirium. He lies in a semi-comatose state, without any complaint, and seldom speaking a word. Pulse extremely feeble, tongue brown and dry; extremities cold. He has not yet moved his left arm. The blister, which had not drawn very well, was dressed with ung. sabin., a stimulating enema given and mustard draughts frequently applied to the legs. He was also given small quantities of brandy gruel.

*23d.* He has lain in the same lethargic state since last date until last evening, when he began to wander a good deal and try to get out of bed. The scalp was shaved and promptly blistered with the strong aq. ammon. Immediately after this he fell asleep. This morning his intellects seem much brighter. When urged to move the left arm he is able to do so to a slight degree. Moves the leg readily.

*24th.* Slowly improving. Intelligence quite perfect, but still slow to answer or to speak of his own accord. He moves the arm to a right angle, and sometimes to his mouth. Tongue has almost cleaned off; appetite returning; pulse calm and of good volume. The first blister having healed,



another was applied; stimulants discontinued, and soup allowed. From this time he gradually recovered perfectly. The left arm continued numb and moved with some faltering for two or three weeks, but before he left the house it was as strong as ever. After he began to leave his bed he was troubled for a day or two with severe headache. This however was soon relieved by a dose of calomel, and having the scalp brushed over with the ammonia. He was discharged cured, June 30, 1841.

CASE III. Thomas Poole, ætat. 22, seaman, a native of Maryland, was admitted January 26, 1841, suffering from the effects of a hard frolic, in which he had been much exposed to wet and cold, and had eaten but little. He complained of pain in all his limbs, great uneasiness in the stomach, with occasional nausea and vomiting. Tongue covered with a white fur, trembling when protruded. He had no appetite, and had not slept for several nights. He was given calomel grains x, and pulv. rhei grains xx, which operated well, and at night an anodyne. The next morning he said he felt better, but seemed very much dejected and indisposed to say anything. He continued in this way, complaining of nothing but slight pain in his back and limbs, seeming to shun notice, and never speaking until much urged. His pulse was somewhat accelerated, tongue lightly furred, and generally hot and dry. His bowels were kept regular by laxatives, and he was given a little effervescing mixture until something should develop itself.

*February 3d.* For the last two days the excitement of pulse has been greater, and his nights very restless. This morning erysipelas has shown itself on the right ear. Pulse more frequent, skin hot and dry, and tongue more furred. He still continues very dull in his intellects. He was given powders composed of cal. grs. ii, and pulv. antim. grs. iv—one every two hours until four were taken. Afterwards spts. mindereri, each tablespoonful containing the eighth of a grain of antim. tart.; opiate wash to the face.

*5th.* The inflammation has spread over the whole face. The excitement of pulse is moderate, but he continues almost perfectly comatose, though without anything like stertor. Treatment not altered.

*7th.* The erysipelas has begun to decline, and his other symptoms are improving. Tongue cleaner and skin more moist. He continues however in the same stupid state, with slight delirium occasionally at night. The bowels have been very loose for some days.

*9th.* The inflammation has almost entirely disappeared from the face, the tongue and pulse have much improved, but he is still delirious. The delirium is never violent, a mere incoherence of ideas, and the greater part of the day he lies half insensible, apparently sleeping uneasily. Pupils natural. No heat of head.

*12th.* Intellect slowly returning. Takes more notice of what is going on around him, and asks for food, which is allowed in moderation.

*20th.* Has steadily but slowly improved. He is yet feeble, but his mind has quite regained its power. Eats heartily, and improves daily. He remained in the house some time under treatment for varicocele, and was discharged cured, March 11, 1841.

CASE IV. Robert Ridfer, ætat. 36, seaman, born in England, was admitted with delirium tremens, February 11, 1841. He was not an habitual drunkard, but had been engaged in a hard spree for several days. He was perfectly delirious, constantly talking and shouting, with much tremor of hands and tongue. He has had no sleep from his own account for a week.

He was given an emetico-cathartic of tart. ant. grs. ii, pulv. ipecac. grs. xx, calomel, grs. x,—M., which vomited and purged him freely. At evening,  $\mathfrak{z}$ i of tinct. lupulin was given in a glass of porter.

12th. Passed a restless night, without a wink of sleep, and this morning he is as crazy as ever. Tongue clean, no excitement of pulse. He was given an enema of starch with laudanum  $\mathfrak{z}$ ii, which was repeated in four hours. After the second enema he fell asleep and slept until morning. Before he went to sleep he took some nourishment freely, and seemed to eat with appetite.

13th. Awoke more rational. Ordered an ounce of tinct. rhei, which was repeated at evening. In the afternoon he again became quite delirious, though less noisy. Without an anodyne he fell asleep and slept the whole night.

14th. He continues somewhat wild, though much improved. He was ordered to go into the open air and take exercise. Anodynes were continued at night. By these means he improved rapidly, eating heartily and sleeping well at night.

22d. The day before yesterday had a severe chill, followed by fever. This morning erysipelas has appeared on the nose and right side of face. He has again become quite wandering in his intellects. Exceedingly restless, and constantly trying to get out of bed. He has constant nausea, tongue covered with a thick white fur, skin hot, and pulse full and frequent. He was given the usual emeto-cathartic of tart. ant., ipecac. and calomel, which vomited him freely, and produced a free evacuation from his bowels. He was also given spts. mindereri.

24th. The disease has spread over the whole face. He continues much in the same condition, quite delirious when spoken to, and relapsing into stupor when left alone. Very restless at night. Bowels not open since 22d. Two Seidlitz powders were given, which operated freely. Face smeared with ung. hydrarg. At night an anodyne enema containing  $\mathfrak{z}$ ii of laudanum.

26th. Is much improved, though still occasionally delirious. Passed quite a calm night. The inflammation is rapidly subsiding. Tongue still deeply furred. H. calomel grs. x.

28th. The appearance of the tongue much improved. He is gaining rapidly, sleeps well, and eats with appetite. From this time his improvement was very rapid, and he was discharged cured, April 2, 1841.

The above cases are sufficient, as fair examples of the disease, as it affected the head in its worst form. The two first were the only ones in which we were obliged to resort to stimulants to any considerable extent; but in almost all, the patients suffered for a greater or less time under the same partial stupor, most commonly with more or less delirium at night, as in the cases described above. The next case is one in which the inflammation affected the scrotum, thighs and abdomen, and in which the prostration of the system was very great, requiring the free use of stimulants.

CASE V. Francis Lissan, *ætat.* 26, seaman, native of Prussia, was admitted April 8, 1841, with a bubo in the upper chain of glans on the left side, to which he denies any syphilitic origin. It came on about a month ago without any assignable cause, though for some time before its appearance he had suffered much from rheumatic pain, principally seated in the left leg.

Several of the glands are enlarged, one of them fluctuating. The bubo was opened, the matter discharged, and a poultice applied.

14th. Has been complaining for a day or two of uneasy feelings, nausea and headache, and sleepless nights. Erysipelas has appeared about the wound in the groin, extending down to the scrotum, which is very much swelled. Considerable thickening and induration exists along the course of the urethra, which gives the case very much the aspect of urinary infiltration. He has no stricture however, nor difficulty in making water. The redness of the integuments and the constitutional symptoms ushering in the attack, show it to be erysipelas. The affection seemed to be slight, and the constitutional excitement moderate. Tongue furred with a light yellow coat, skin hot, and pulse somewhat accelerated. He was given powders composed of calomel grs. ii, and pulv. antim. grs. iv, one every three hours until four were taken. Also a tablespoonful of spts. mindereri, containing one eighth of a grain of tart. antim. every two hours. Superficial scarifications were made in the scrotum, and the part kept constantly wet with a warm infusion of opium.

21st. The attack has been quite moderate in severity until the present time, when it has begun to assume a more serious aspect. The inflammation has left the scrotum and is spreading over the abdomen and down both thighs; his pulse is feeble, tongue dry in the middle, and countenance indicative of great prostration. He was given a weak infusion of serpentaria as a drink, and a little wine mixed in his nourishment.

23d. Symptoms of prostration much more marked; pulse extremely feeble and quick, tongue brown and dry, with stupor of intellectual faculties, and wandering of ideas when roused. Given brandy milk-punch at regular intervals, alternated with the camphor mixture.

24th. Continues very low; tongue covered with a dry blackish crust, pulse 110 and extremely feeble, skin moistened with perspiration; expressed a desire for food, and accordingly some strong beef tea and some gruel flavoured with brandy were given him. Stimulants continued ad libitum; also sol. sulph. quinine gr. i, every two hours.

25th. No improvement. Lies in a state of the greatest prostration, passing his fæces involuntarily, and apparently moribund. Brandy punch as freely as he can be induced to swallow it.

26th. This morning gives signs of amendment. Answers questions when spoken to loudly, and says he feels better. The tongue has become a little moist at its edges. The pulse is much stronger than yesterday, though still very feeble.

27th. Improvement more marked. Slept a good deal during the past night. Tongue cleaning off, and countenance brighter.

29th. Convalescence perfectly established. From this time he rapidly improved. The stimulants are discontinued, and good nourishment allowed as he could take it. Discharged cured, May 19, 1841.

The next and last case was one of great extent and severity, and unfortunately fatal. This was the only fatal case of erysipelas that occurred in our wards through the whole season; and notwithstanding the feeble constitution of the patient, the extent of the disease and its dangerous complication with delirium tremens, he improved so much and so steadily for two or three days that we began to entertain hopes of saving him, when a sudden and fatal change took place, not easily accounted for.

CASE VI. William Patterson, ætat. 33, born in Pennsylvania, labourer,

was brought to one of our wards with delirium tremens, June 16, 1841. He had been admitted to the other department two days before, supposed to have been sunstruck, with an ill-looking ulcer on his leg. He was attacked with delirium tremens the day after his admission, for which he was treated in the usual way, but becoming outrageous he was put into one of our wards on the lower floor. He was quite delirious and disposed to be very noisy, but without much tremor of the hands or tongue. Tongue deeply furred, pulse quick, and skin hot and dry. The ulcer, which was of long standing, was very much inflamed. A poultice was applied to the ulcer, and at night he was given a small starch enema containing  $\mathfrak{z}\text{ii}$  of tinct. opii.

16th. Half an hour after the enema he fell asleep and slept without intermission until this morning. On waking he expressed himself as feeling better, and spoke quite rationally. Less excitement about the pulse; he was allowed through the day a bottle of porter. In the evening the pulse again became more frequent, with some heat of skin, dryness of the mouth and thirst. He complains of a good deal of pain about the ulcer, the integuments surrounding which are much inflamed and swollen; the poultice was continued to the sore, and warm infusions of opium applied to the inflamed skin. He was given the effervescing mixture, and at bedtime  $\mathfrak{ss}$ . of tr. lupuline in a glass of porter.

17th. Passed a very restless night, but without delirium: complains of great pain in the leg. The inflammation has assumed an erysipelatous character, with great swelling of the whole leg, and red lines running up the thigh to the groin. Skin hot and dry, tongue brown and dry in the middle, and the pulse frequent but quite feeble. The poultice was continued and the whole limb kept wet with the warm opiate wash; superficial scarifications were made on the most intensely inflamed part. He was allowed a little brandy milk-punch, which was continued and increased through the day until evening, when the pulse had risen so much in force that it was diminished, and at midnight discontinued altogether.

18th. The pulse still retains a good deal of force, though more feeble than last evening. The tongue is more moist, though deeply furred. The inflammation has extended up the outside of the thigh nearly to the groin. Great swelling and tension of the inflamed parts. Six or seven deep and free incisions were made in those parts of the leg and thigh where the swelling was most tense. No matter was discharged; but the patient expressed much relief after the incisions were made. Several spots on the foot only have a dark livid colour, threatening gangrene. Yest was added to the poultice, which was put over the whole foot and leg: at evening sol. sulph. morph.  $\text{gtt. xx}$ .

19th. Wandering delirium through the night; he lies most of the time apparently asleep, but is easily aroused, and then he is perfectly sensible, pulse 104, quite feeble; stimulants were recommenced last night in small quantities. Bowels freely evacuated by an enema. Anodyne at night.

20th. The inflammation has spread up to the groin, not much change in the appearance of the leg. The livid spots rather diminished. Last evening the pulse had again become so much fuller and stronger, with considerable heat of skin, that it was thought prudent to stop the stimulants. This morning the pulse is about 108, and of moderate force; respiration about 20 in a minute, each expiration accompanied with a sigh. Tongue much furred and livid at the edges. A small discharge of matter has taken place from one of the incisions. The opening was dilated, and the same treatment as before continued.

21st. Passed a more comfortable night under the influence of an anodyne draught. This morning he appears to labour under congestion of the lungs. His lips and tongue are purple, considerable acceleration of respiration, with rattling of mucus in the air passage. Pulse 108, nearly natural. Bowels opened with an enema.

22d. The inflammation has not spread above the groin, and on the whole the appearance of the leg is improved. Though not delirious he is occasionally wandering, and at all times in a state of partial stupor, though easily roused; pulse is 128, and again quite feeble. Notwithstanding the occasional fullness and force of the pulse, the patient is evidently in a state of extreme prostration. His countenance is sunk and pinched, his voice feeble, and his extremities frequently cold. Stimulants again recommenced in form of brandy gruel and egg-nog. Quinine increased; continued other treatment, anodyne at night.

23d. More delirium, and evidently much weaker; pulse very feeble and quick. A good deal of sordes collects about the mouth. Stimulants *ad libitum*.

24th. No improvement. His whole aspect is that of a dying man. The lips and tongue however are not so livid, though the respiration is still quick. He had a passage last night without medicine.

25th. There seems to be a slight improvement this morning, though through the night he was very restless. His countenance looks a little brighter, and the pulse has regained considerable force, some moisture on the skin. The livid gangrenous spots on the leg have disappeared, and the inflammation on the thigh is not so vivid. Egg-nog as much as he will take.

26th. General appearance much improved, answers questions much more readily and in a louder tone of voice. The tongue is quite moist, though still much furred. There is less difficulty of breathing, and he says he feels much better.

27th. He is evidently dying—countenance sunk, eyes glazed and respiration very laboured and obstructed with mucus. Died about 9 o'clock A. M. The watchers say that he passed a pretty comfortable night, but towards morning began to labour very much for breath, and the air passages became filled with mucus, which he did not seem to have strength to expectorate. No post mortem could be obtained.

During the period embraced in this report, our department has presented unusually little of interest in the way of operative Surgery. The following cases are selected from the Case Book, as presenting some points of interest to the profession, either in a therapeutical or pathological point of view.

CASE I. *Frosted Feet, Pneumonia, Abscesses in the Lung*.—William Brown, ætat. 23, born in Scotland, seaman, was admitted January 11, 1841, with frosted feet, from exposure while at sea three weeks before admission. He continued to go about on his feet, although they were very painful, until four days ago. The upper surface of the toes, particularly of the left foot, which has suffered most, are superficially sloughing; the surrounding integuments on the dorsum of the foot much inflamed, and red lines mark the course of inflamed vessels up to the groins. Both groins are slightly tender; about a week ago he was taken suddenly with pain darting through his chest, headache, fever, loss of appetite and sleep. These symptoms have been growing worse, and he now complains of much pain and oppression about

his chest. His breathing is frequent and high, face flushed and of a livid hue; skin hot and dry, pulse quick and rather feeble, but very irregular as to force and frequency. No cough. Percussion dull over the lower and posterior part of right lung, over which part the crepitant rattle is heard. About the time of the attack there appeared just above the olecranon on the posterior part of left arm a large hard swelling, attended with much pain, which has now a feeling of fluctuation. A dose of mist. eccoprot. was given, six cups applied to the chest, and he was ordered to take in solution  $\frac{1}{4}$  gr. of tart. antim. every two hours. In the afternoon an enema was given, the operation of which gave him great relief. He was given at bed time pulv. Doveri, grs. x. Poultices to feet and arms.

13th. Passed quite a comfortable day yesterday, but to-day the breathing is again more oppressed with much pain in the chest, slight crepitus in the posterior part of left lung; it has disappeared from the right. Pulse frequent and hard. He was bled  $\text{℥viii}$  to faintness with much relief. In the evening the pulse having risen, and the pain and oppression become more severe, he was again bled  $\text{℥xii}$ , and the tart. ant. increased to  $\frac{1}{2}$  gr. every two hours. Dover's powder, grs. x, and at bed-time, repeated about 1, A. M.

14th. Passed a very restless night, but is more free from pain to-day; skin moist, less excitement of pulse; continue antimony.

15th. Oppression and pain very severe all night. The respiration is very much embarrassed, and at every breath he seems to suffer great pain. Pulse very quick and feeble, countenance anxious, and he seems much prostrated. Cupped from the chest, and afterwards a large blister applied. Evening. Pain very severe on the right side; breathing very short, about 40 in a minute. Another blister to be taken off before complete vesication. No relief was afforded, and he seemed to be failing very rapidly.

27th. Moribund, pulse almost imperceptible, and countenance sunk—died at 12 P. M.

*Post mortem examination*, twenty-four hours after death.—Both pleurae were in a state of inflammation. Recent coagulable lymph on both sides, with large serous effusion more considerable on the left side. The posterior parts of both lungs were in the first stage of inflammation. Scattered over the surface of both lungs were six or eight cavities immediately under the pleura, containing a reddish pus, from the size of a large marble up to the size of a large walnut. Around their purulent deposits the tissue of the lung was not more inflamed than in other parts; their internal surfaces were irregular, and they presented very much the appearance of the purulent deposits which sometimes take place in the lungs of persons labouring under phlebitis. The veins of the inflamed feet as well as the principal trunks were examined. Those in the immediate neighbourhood of the inflamed parts were found thickened, and their internal coat reddened, but no pus was found in any one of them. The other organs, as far as examined, were healthy.

CASE II. *Fracture through the base of the Cranium, laceration of brain at the seat of contre-coup.*—Benjamin Rover, ætat. about 30, seaman, born in Maine, was brought to the hospital at 5 P. M. April 7, 1841, having fallen, about half an hour previously, into the hold of a vessel about twelve feet, striking upon the back part of his head. He was in a state of complete insensibility, motionless, almost pulseless, and extremities cold; pupils dilated, and insensible to light. There was a large contusion over the back part of his head, but no wounds, or any evidence of depression of bone. He was

placed immediately in a horizontal posture; hot bottles were applied to the feet, and sinapisms to the legs, thighs and abdomen. The arms and chest were rubbed with a mixture of tinct. capsici, and strong aqua ammonia. As he could not swallow, an injection containing half a pint of brandy was slowly introduced into the rectum, and retained. The use of these means was followed by gradual reaction. Towards morning the extremities became warm, he became restless, and arterial reaction was fully established.

8th. He continued extremely restless through the day, though so perfectly insensible that nothing could rouse him. Cold was applied to the head, he was cupped from the temples and upper parts of the spine, and an enema administered. The pupils from being dilated gradually became contracted, both equally so, and both insensible to strong light. He did not seem to move his right limbs so readily as his left; the right eyelid drooped, and the mouth was slightly drawn to the left side. He lingered along without any alteration, and died about 2 A.M. on the morning of the 9th.

*Post mortem examination*, ten hours after death.—Great ecchymosis under the integuments covering the posterior and left portions of the head. On raising the skullcap an effusion of clotted blood was found filling up the whole of the left occipital fossa, and extending up nearly two inches above the transverse ridge. The cerebellum and the posterior lobe of the cerebrum were separated from the cranium at least half an inch in some parts; the whole amount of extravasated blood being between two and three ounces. This effusion was all external to the dura mater. On the right side, over the anterior lobe of the cerebrum in a diagonal line from the first effusion, another was found less in quantity, but underneath the dura mater and extending into the substance of the brain, which for a space as large as a hen's egg was lacerated and completely reduced to a pulp by the blood effused into its structure. There was a fracture commencing just above the transverse ridge of the occipital bone, about an inch to the left of the median line, and running downwards to the foramen magnum, half an inch of the rim of which was completely detached; crossing the foramen magnum, the fissure extended about an inch towards the petrous portion of the temporal bone; a slight crack was noticed in the bone over the seat of contrecoup. The substance of the brain in other parts was natural. Chest and abdominal organs healthy.

CASE III. *Compound comminuted fracture of the thigh, fatal from gangrene of the limb.*—George Cengoli, ætat. 40, German by birth, by profession a chemist, more lately engaged as an editor of a paper, (the Express,) a man of sedentary habits, and of a nervous irritable temperament. was brought in about midnight, May 7, 1841, with a severe compound comminuted fracture of the lower part of the right thigh-bone. The injury was received a short time before by a fall down a flight of ten stone steps. There was a small lacerated wound on the anterior part of the thigh about three inches above the patella, into which the finger could be easily passed, and the bone could be felt comminuted into a great number of small pieces. The surrounding muscles were very much lacerated, particularly the extensor mass, which seemed to be almost completely separated from the patella. The fracture was very near the knee-joint, but it could not be ascertained that it penetrated its cavity. There had been no considerable hemorrhage, and the temperature of the limb below was natural. The prostration of the system was not very great; the pulse was of fair strength, and the skin warm. A consultation of the surgeons was immediately held, and in view of the

great disorganization of the internal parts of the thigh, immediate amputation was recommended. To this however the patient would not consent. The limb was therefore put up loosely in the straight apparatus, and a compress of lint secured by a loose bandage was placed upon the external wound, from which venous blood was oozing in a considerable stream. An anodyne of tinct. opii, ʒi, was given. Cloths wet with cold water were placed around the thigh.

8th. Slept but little, though he is free from pain or excitement, pulse of moderate force, and skin natural. He still continued in a condition favourable for amputation, but absolutely refused to have it performed. The cold applications were continued, and moderate nourishment allowed.

9th. The limb was put up permanently in straight splints, and moderate extension made. The pulse has not risen above 90 since the accident, and is now quite soft. Anodyne at night.

10th. Passed a very restless night, owing as he thinks, to confined bowels. He does not suffer any considerable pain in the injured limb, but it is much swollen, and its temperature increased. The wound looks very foul, and bleeds so freely that it is necessary to stuff in lint and confine it with a moderately firm bandage. Ecchymosis is taking place to a great extent. He was given some comp. infus. sennæ, which aided by an injection brought away a very large quantity of feces.

11th. Passed a quiet night, free from pain, and expresses himself as feeling perfectly well this morning; but his countenance has a sunken expression, his pulse is very quick and feeble, and his extremities are cold. The spots which were yesterday supposed to be mere ecchymoses, have extended over the whole limb, and now present the livid brownish colour and crepitating feeling of incipient gangrene. The pressure of the splint was loosened, the wound opened and freed from discharge; balsam Peru was smeared over the whole limb, and wine given freely.

12th. The gangrene is extending towards the groin, and his pulse has become very feeble, skin bathed in a clammy sweat. The discharge from the wound is very profuse and very fetid. The knee-joint is distended with fluid, apparently coagulated blood. Bowels opened unconsciously. Stimulants given freely.

13th. There seems to be an attempt at reaction. His pulse is stronger, though very frequent, 140 in a minute; allowed soup, milk, and whatever nourishment he desires, and as much wine as he will drink. P. M.—The pulse has again begun to flag, skin still warm, but wet with very profuse sweat. Talks incoherently, though till now his intellectual faculties have been perfect. The discharge very profuse, bloody and fetid.

14th. Has lain in a state of unconsciousness since 12 o'clock last night, and is apparently dying; pulse a mere thread, sweat very great. The gangrene has extended up to the groin. He lingered through the day in a state of low delirium, frequently making efforts to get out of bed, until towards evening, when he fell into a sort of stupor, and died about 5 o'clock next morning. No post mortem could be obtained.

CASE IV. *Congestive apoplexy from drinking cold water.*—Thomas Campbell, ætat. 40, an Irish labourer, was brought to the hospital about mid-day, July 1, 1841, suffering from the effects of drinking cold water. All that could be ascertained about him was, that a short time after taking a large draught of cold water, the day being extremely hot, and he at work on a building, he complained of feeling very sick, and soon fell into a state of in-



sensibility. He had complained the night before of being somewhat unwell, but got up in the morning apparently well, and eat his usual breakfast. He was represented to be a man of temperate habits. In about two hours after he was taken he was brought to the hospital. He was then in a state of complete insensibility, from which he could not be roused. The pupils were contracted to a mere pin hole, and perfectly insensible to light. His face was flushed and head hot. The skin of the body was of its natural temperature, but the extremities cold. Pulse almost imperceptible, and so quick as scarcely to be counted. Every few minutes a sort of convulsion of the whole body took place, and in the interval all the muscles were in a state of rigidity; at times the spasms were very severe, resembling opisthotonos. Sinapisms were applied to the legs, thighs and abdomen. A large enema containing tinct. aloes  $\mathfrak{z}$ i, was given. He was cupped freely from the temples, and the hair cut off and ice water constantly applied. At the same time, as the system was sinking under the shock of the disease, small quantities of warm brandy gruel were given him. These means however were followed by no perceptible effect. He sank gradually, and died  $3\frac{1}{2}$  P. M.

*Post mortem examination*, eighteen hours after death.—The head, chest, and abdomen, were thoroughly examined. The organs in the chest presented no marks of disease, except that the lungs were much congested with black blood. The stomach was reddened in irregular patches, the mucous membrane mamelonated and softer than natural. The other abdominal organs healthy. The brain showed marks of severe venous congestion in every part. The sinuses and large veins on the surface were swelled out with black venous blood. The surface of the membranes presented a uniform darkened appearance, and the whole substance of the brain, on being cut into, was dotted with innumerable bloody points. Very large quantities of blood flowed from the divided veins at the base of the cranium, and from the foramen magnum. There was no extravasation of blood in any part; consistency of the brain natural.

CASE V. *Tetanus consequent upon burns from caustic potash—Recovery under the use of assafœtida*.—John Brady, ætat. 32, an Irish labourer, was admitted May 22, 1841, with tetanus supervening during the cicatrization of several burns on his feet. These burns were caused by caustic potash, upon which he accidentally stepped about five weeks before his admission. The injury was principally confined to the soles of his feet, but extended up between several of his toes. The caustic acted to a considerable depth, and the sores left by the eschars had scarcely filled up when the tetanic symptoms set in. The ulcers were then rather callous, improving very slowly and without much pain. He was admitted on the fourth day of the disease. The affection had come on in a gradual manner, with at first slight pain and stiffness about the jaws, and occasionally a difficulty in swallowing. When admitted the disease had not extended beyond the muscles of the jaws, which were firmly clenched, and could not be opened a fourth of an inch. He complained of severe pains shooting down the back of his neck and over the insertion of the temporal muscle. Any effort of swallowing or even speaking brought on spasm of the affected muscles attended with great increase of pain. He complained also of pain in the abdominal muscles shooting towards the spine. His pulse is not much above the natural standard as to strength or frequency. Skin bathed in a profuse perspiration. His bowels have been disposed to be costive, though freely opened yesterday by a dose of salts.

His nights have been very restless, and he has scarcely slept since the disease commenced. The feet were poulticed, and in order to give him a good night's rest he was ordered to take gr. x, of solut. sulph. morph. every two hours until sleep was produced. He took in all gr. l, after which he passed a comfortable night, sleeping seven or eight hours.

23d. Feels much more free from pain, though there is no improvement in the tetanic symptoms. He was put upon the use of assafœtida grs. v, every two hours, and every intermediate hour ʒss. of tinct. rhei, in order to keep his bowels free.

24th. Passed a very restless night. Says he feels more pain than ever about his jaws. The abdominal muscles are very tense, and he complains of great pain at the scrobiculus cordis. The spasms are more frequent and more severe, perspiration constant and very profuse, no change in the pulse. The tinct. rhei has been taken regularly every two hours, without any effect upon the bowels. He was given a common enema, which brought away an immense discharge of feces, after which he felt much more comfortable, though without visible relaxation of the jaws.

25th. No marked change. He has occasionally a disposition to opisthotonos, though not severe. Profuse sweat still continues.

26th. The spasms have become more frequent and severe, and attended with excessive pain. Though he has continued the tinct. rhei regularly, the bowels have not been again opened. He was ordered to take one comp. aloetic pill every other hour, instead of the rhubarb, and to continue the assafœtida.

27th. He seems very desponding about himself, having passed another sleepless night. The spasms are more severe and frequent, affecting the muscles of the back. Sweat very profuse, and pulse rather more feeble, though not accelerated. Allowed a little brandy milk-punch with his nourishment, and an enema given. The enema as before brought away a large fecal discharge, and immediately after its operation he felt much relieved. The jaws became so much relaxed, that he could protrude half an inch of his tongue.

28th. Spasms have come on again more severe than ever. He has bitten his tongue during sleep so severely that he can scarcely swallow a drink of the thinnest gruel. As he could no longer swallow, he was given every two hours a small enema containing ʒss. of tinct. assafœtid.

30th. No marked improvement while awake, but it was noticed that during sleep the mouth could be opened nearly to its full extent without pain. Bowels opened every other day with an enema.

June 3d. Since the last date there has been a decided improvement in his condition. The spasms are less frequent and less severe, and he complains less of pain about the umbilicus. He is able to sleep sometimes half an hour without being awakened by a convulsion. He is able now to resume the assafœtid. pills; injection of assafœtid. was therefore discontinued.

10th. Is rapidly improving; can open his mouth at times nearly as wide as ever. The spasms have almost ceased, and are very trifling when they do occur. His appetite is good, and he begins to chew soft food without difficulty. He is able to walk a few steps without assistance. In crossing the hall however this morning, he stumbled upon something, and a paroxysm coming on at the same time, he fell at full length perfectly stiff, striking his face against the floor and slightly wounding his lip. This is the worst paroxysm he has had for a week, and was probably aggravated by his sudden efforts to save himself from falling.

15th. No increase of disease has followed the fall, and he has continued regularly to improve. He now takes the assafœtid. pills only in the day-time, occasionally one or two pill. aloetic. comp. He eats hearty, sleeps well, and walks about without difficulty. He has now no spasms more than occasional slight cramps. The burns are nearly healed. From this time he continued to improve, and was discharged, cured, June 30, 1841.

I may remark, in conclusion, that this is the third successive case of traumatic tetanus which under Dr. Watson's care has recovered under the use of assafœtida. For the details of all the other cases in which his practice has been employed, see N. Y. Jour. of Med. and Surg. for Oct. 1840.

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ART. IV.—*Report of Cases treated in Wills Hospital.* By ISAAC PARRISH, M.D., one of the Surgeons of the Institution.

THE following report embraces a brief abstract of some of the more important cases treated at the Wills' Hospital during the first quarter of the present year, with some practical observations on the treatment of several of the diseases specified.

A considerable proportion of the cases admitted during this period, may be ranged under the head of the acute ophthalmia, and were induced by the variable and tempestuous weather which prevailed at this season. The influence of atmospherical agency in the production of this class of affections, is universally acknowledged to be great, nor is it confined to individuals who are exposed to the inclemency of the seasons, but extends even to those who are apparently most secure. Persons having weak eyes, or those who have once suffered from ophthalmia, are peculiarly liable to fresh attacks, although they may confine themselves to the house to avoid them. This fact has often been verified in our observation in the hospital; a sudden and remarkable change in the weather, giving rise to a corresponding change in the condition of our patients. Those who are rapidly convalescing, or on the point of being discharged as cured, will suddenly experience a renewed attack, perhaps equally violent with the first, notwithstanding they have been closely confined to apartments heated by a furnace, and kept at an equable and comfortable temperature.

This fact is noticed with a view of urging the impropriety of pursuing a system of close confinement and of medical discipline beyond proper limits. By such a course, the capacity of the eye to resist unavoidable external impressions may be so far diminished, as to render it extremely liable to disease. Thus, in ordinary inflammation of the conjunctiva, either simple or catarrhal, the practice of constant bathing, with relaxing lotions, confine-